STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

RFP #08-331 – Provider Compensation Subsystem

Reference O: ProviderOne Phase II Data Conversion Strategy

Washington State
Department of Social and Health Services

Phase II Data Conversion Strategy

Approved By DSHS Key Staff 10/16/2008

Document Revision History

Date	Key Changes
9/2/2008	Initial Draft
9/9/2008	First Meeting
9/23/2008	Second Meeting
10/10/2008	Final Draft

Workgroup Members: Core Review	Recommendation Group:
Chris Swedberg(SSPS/MSA), Janelle Baldwin(SSPS/MSA), Gary Hilberg(SSPS/MSA), Kevin Ferrell(SSPS/MSA), Kevin Ryser(ADSA), Chidambaranadar Jeyabalan(C.J.)(P1), Paul Price(P1), Chandra Moss(P1), Doug Buster(HRSA), Melissa Cook(SS Champion), Jann Hoppler(CA), Anne Hunt(CA), Subbiah Somasundaram (MSD) Eric Palmer(ESA) Cathy Ott(HRSA) Kristina Tamm-Finnerud(HRSA)	**In addition to Core Group (Left)** Cheryl Timmons(HRSA), Jacqui Boydston(ISSD), Stephan Backholm(ISSD), Marrianne Backous(ADSA), Bob Miller(ISSD PCPS), Linda Lunsford(ADSA), Patricia Richards(ADSA), Carla Gira(DEL), Holly St. John(ESA), Rebecca Henrie(ESA), Cathy Hewins(HRSA), Clyde Takeuchi(HRSA), Rebecca Yette(RDA) Huynh, Duy(MSD)

Purpose of Document

The purpose of this document is to define the high-level strategies to convert data from current legacy DSHS systems to Provider One during Phase II.

Executive Summary:

The high level Plan (A below) data conversion strategy for Phase II is to convert SSPS data into ProviderOne new data formats. However, in order to confirm whether the Plan A strategy is fully feasible, we need to move forward to perform detailed SSPS data mapping to ProviderOne data formats. Therefore, the Phase II data conversion strategy allows for a Plan B, convert only Provider data, if the SSPS to ProviderOne data mapping identifies serious data incompatibility problems. Plan B would transfer some SSPS data in legacy format. A decision milestone will be placed in the work plan after enough data is collected but soon enough to prevent unneeded work if Plan B is chosen.

Overview of Phase II Implementation Groups   Current Phase II Implementation Groups are below:

Group	Release Name	Current Release Dates	Brief Description
1	RMP (remaining medical programs)	Jan 2010	20 Programs total; from ESA, DASA, JRA, SCC and HRSA. No data conversion.
2	LARS (Limited Authorizations Release of SSBP)	June 2010	8 programs total; from DASA, ESA and HRSA that will use the new SSBP authorization module. This group is all the remaining pgms from prior releases that use authorizations and acts as a pilot for ADSA implementation. No data conversion.
3	ADSA	Oct 2010	All 38 ADSA programs. FFS and Authorization/Invoices. Data conversion is required. Provider Compensation Subsystem (PCS) as a dependency, its functionality and interfaces all required for ADSA release.
4	CA	May 2011	All 30 CA programs. Data conversion required.

Approved By DSHS Key Staff 10/16/2008

High level Strategies: Plan A - Data Conversion Preferred Option, plan B is fallback.

	Conversion Strategies:	
1.	Follow plan to complete data mapping.	
2.	Data analysis of SSPS data to validate SSPS data integrity and conversion assumptions.	
3.	Evaluate to confirm Plan A (Convert SSPS Data).	
	Phase 2 Data Conversion Strategies:	
	Plan A Data Conversion – Convert SSPS Data into P1 in new format	**Plan B - Limited Data Conversion – Load/Copy SSPS Legacy Data into the P1 data Warehouse**

	Goal:
	  One format for all data in the data warehouse, SSPS history with medical data.
	  Plan A seeks to preserve the foundational principle that all data is loaded to the P1 Data Warehouse through P1 OLTP.
		Goal:
		"All Authorizations created in SSPS, invoice and pay from SSPS."
		Start P1 with no legacy SSPS data to preserve and simplify edits
		Minimize FTE effort to cleanup legacy data, and minimize possible data collection of missing data.

	Authorizations: Authorizations have 3 major data components, Client Data, Provider data, and the authorized service code.	
4.	As part of the data conversion effort to convert SSPS historical data, also include open/active authorizations. 1. Use data conversion testing as an opportunity to measure the impact of the new P1 edits prior to the group release.	Do not convert open/active SSPS authorizations to the online P1 system,. At the release date start all authorizations in P1 as new authorizations. 1. ProviderOne has new edits not currently in SSPS which would cause existing SSPS authorizations to go into an error state in ProviderOne. 2. The methodology SSPS uses for service line iterations are very different than the ProviderOne business methodology. There is a high risk that we cannot properly map SSPS authorizations into P1 in an operational way to continue payments. 3. Account for adjustments to historical authorizations in SSPS while in run out period.
5.	Coordinate with release groups and SSPS to stop new authorizations in SSPS	Coordinate with release groups and SSPS to stop new authorizations in SSPS

Approved By DSHS Key Staff 10/16/2008

	and convert all open SSPS authorizations into P1 at the release cutover dates. 1. This a hard cutover that would imply a cutover window to convert, load into P1, make last minute changes to keep all auths in payable status. 2. ProviderOne has many new edits and interfaces, and this creates a fixed window for staff to resolve outstanding errors. 3. Need to establish a process for each admin to manage DC testing for open SSPS authorizations, probably a limited staff model.	and start all new authorizations in P1 at the release cutover dates. 1. Where a hard cutover provides only a small window of days, this cutover allows the release groups to pick a month or group of months to close and recreate open SSPS authorizations and any needed Client information and Provider information that has not been converted prior to the Authorization creation. Since P1 allows future dating start dates for auths, this could be started months before the cutover date, and SSPS could do a mass close of all selected auths. 2. ProviderOne has many new edits and interfaces, and this allows time for transition and training with less impact on client services and provider payments. 3. Need to establish a process for each admin to manage open and ongoing SSPS authorizations to ensure they all get loaded into P1. 4. There is a pending DSHS decision surrounding source system concurrent connections to both P1 and SSPS at the same time (can the source system be configured to only add authorizations to P1, but allowed to read and maybe update/close authorizations in SSPS)
6.	Set timeframe for "black-out" (no new auths in SSPS) while DC takes place. This means no auth changes in SSPS while data conversion takes place.	No Blackout period to SSPS or P1.
	Client Data:	
7.	Client data will not be converted from any DSHS sources into the online system during Phase 2. • SSPS is not the record of source for Clients and client data is not edited or de-duped. This poses tremendous risk of creating tens of thousands of duplicate clients in the P1 online system.	Same
8.	All clients from the source systems not already known to P1 will be added via web service interface by the source systems. The current list of these sources is CARE(ADSA), ACT(JRA), Barcode(ESA), Target(DASA), and Familink(CA). • This is a one time event where the source systems load all clients that will be needed to link with historical auths/invoices/payments in SSPS. It is likely that there will be many instances where there is not a 100% match, and will require human review to resolve possible match scenarios.	All new clients from the source systems not already known to P1 will be added manually or via web service interface at the time the new authorization is created by the source systems. The current list of these sources is CARE(ADSA), ACT(JRA), Barcode(ESA), Target(DASA), and Familink(CA). • This will minimize the client records workers need to validate in P1 to only new authorizations and not 4 years worth of clients on historical authorizations.
9.	Enable the client web services at RMP release to allow source systems to read	Same

	and search P1 client data to synchronize client data in source systems with P1. Allows admins time to coordinate differences in client data. • Provide a means for source systems to use planned interfaces early to identify clients they store as unique to themselves or already known to P1 via ACES. If source systems store this client data, this interface will allow them to cleanse or synchronize their client data with P1. This activity will lessen client edits on new authorizations.	This step is meant to allow source systems to update source system client data.
	Provider Data:	
10	Those providers in SSPS determined to be needed for each implementation group will be converted to the P1 provider Subsystem. • Need to address how providers who enroll in SSPS after Provider conversion, but prior to the implementation group cutover, are collected into P1. • Use phase 1 approach to create a filter criteria for selecting only providers that need to be in the online system. Things like lifetime payments, date of last invoice….. • There are approximately 300K providers potentially to be converted, and an analysis of which providers need to be assessed. • Need to resolve how we will carry career hours, leave and other cumulative units to the payment system, ProviderOne or Provider Compensation, for provider rates.	Same.
11	Provider data may be loaded via interfaces from administrative source systems such as FAMLINK in the CA implementation group because they store more provider data than SSPS, instead of converting the provider data. • This should remain flexible until later into analysis. It may be simpler at the CA release for CA to simply add unknown providers to P1 via the new web service, and no need to actually convert provider data.	Same
12	Identify P1 required data elements not currently collected by SSPS and create plan to collect missing data between now and implementation group cutover dates as part of Provider conversion. • Need to start soon to gain benefit and decide who collects how.	Same
13	Enable the provider web services ADSA release to allow source systems to read	Same

/ search P1 provider data to synchronize provider data in source systems.

- Provide a means for source systems to use planned interfaces early to identify providers they store as unique to themselves or already known to P1. If source systems store this provider data, this interface will allow them to cleanse or synchronize their provider data with P1. This activity will lessen provider edits on new authorizations.

	SSPS Invoices and Claims/Payments:	
14	Convert SSPS Invoices and payments, historical and un-validated into the online P1 system. • Since converting history means all data will be loaded into the OLTP, convert all SSPS data components into P1.	Do not Convert SSPS Invoices and payments, historical or un-validated into the online P1 system. • Open issue DC-0026 has been opened to document options for un-validated invoices after all open authorizations are closed at the last release. • Since converting authorizations presents high risks, if we do not convert SSPS authorizations, do not convert related data.
15		The current SSPS data feed to the P1 data warehouse could continue to send over new SSPS data This data feed may need to be redesigned and a fresh extract from SSPS for a clean data snapshot • Utilize current SSPS feed concept to carry over residual payment data as P1 takes over processing new authorizations, invoices and payments • May require a new feed with new layout and fresh data extract.
	Other SSPS Data:	
16	Analyze Phase 1 SSPS data feed to the ProviderOne data warehouse to ensure that all SSPS is being sent in the interface, including all historical data needed for data analysis and reporting continuity is included in the data feed. • Ensure all the data needed to convert to the P1 format is available and included in the SSPS data feed.	
17	SSPS COLD will not be converted as part of Phase 2, and will continue to be	Same

	maintained as a source of SSPS report images according to record retention guidelines. • Not in scope to transfer these legacy report images. This may imply keeping COLD operational for a number of years.	
18	Loading reference data into ProviderOne (RACs, Taxonomies, BSP's, Service Codes….) will be a ProviderOne configuration activity, not a conversion activity. Reference data will be provided to CNSI electronically via spreadsheets, data bases, etc rather than manually loaded. SSPS will participate as part of the crosswalk mapping.	Same
	Other:	
19	Similar in that each system will produce federal reports for what it paid in the reporting period.	Federal reporting and Federal tax reporting for 1099's, W2s and other will be run out of system of record until all SSPS payments are completed. • This implies multiple 1099's per year per provider and needs to be agreed to by DSHS stakeholders. • We may need additional analysis on how other (non-tax) Federal reporting would deal with these changes.

Note:
The Provider Compensation Subsystem (PCS) Project may have an impact on the Phase II Data Conversion Strategies. The project is not far enough along to evaluate impact.